HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and En	nployees	2016 MAY 10 PM 1: 12
Onhart William Andlatte			S. Hacub of REPAESENIATIVES
Name:   Course of the Course	Daytime Telephon		A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER  Member of or Candidate for State:  STATUS  Member of Representatives District:	₩. □ °	Officer or Employing Office: Employee	
REPORT 2015 Annual (Due: May 16, 2016)	Amendment	Termination Date of Termination:	ination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS		
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr.     b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes No F. Did you have a outside entity during the year up through the second s	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	errangement with an Yes No I
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yee No G. Did you, your spouse, or you reportable gift(s) totaling more source during the reporting per		ur dependent child receive arry then \$375 in value from a single  Yes
G. Did you or your spouse heve "semed" income (e.g., setarles, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or you reportable travel or reimbursers \$375 in value from a single sou	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	r dependent child receive any ents for travel totaling more than Yes No No no during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yee No II. Did any individual or organization of paying you for a speech, reporting period?		sppearance, or article during the Yes No S
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No ATTACH THE CORRE		SPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION - ANSWE		R <u>EACH</u> OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a pert of an initial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	I Public Offering during the reporting period? If y		'yes' to this question, piesse contact Yes   No
TRUSTS — Details regarding "Quelified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be this report details of such a trust that benefits you, your spouse, or dependent child?	nitise on Ethics and certain other "excepted trusts int child?		disclosed. Have you excluded from Yes
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your depthree tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	med" income, transactions, or liabilities of a spou	ve or your dependent child b	xendent child because they meet all Yes . No 📉

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Robert L
. Robert William Goodlatte
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A XX B	BLOCK B	BLOCKC	BLOCKD
Asset and/or income Source	Value of Asset	Type of Income	Amount of income
and mad for investment	indicate value of seast at close of the Recording period. If you use a	Check at columns that apply. Fo	For seests for which
snooms and with	valuation method other than tair market value, please specify the method	generale tou-deferred income (suc	may check the "None" column. For all other exents colescory of income by checking the expression
and (b) any other reportable asset or source of		ORMAN, DAVISORS, DESCRIPTION OF	Dividends, Interest, and capital gains, even if relevanted,
moone set generate none sen tott in 'internet' Income dering the year.	R generated income, the value ahould be "None." M is for seemis held by your apouse or departdent o	for assets held in tauts if the asset parentied no	Check "None"
Provide complete earnes of stocks and mutual funds (do not use only ficher symbols).	, you have no internal.	particel.	*Column XII is for essais held by your spouse or dependent child
For at IIVs and other refrement plans (such as 4010) plans) provide the value for each seest hold in			TO MERCEL PART THE PART OF THE
the account that exceeds the reporting thresholds.	A G C C C E F Q H I L K L K		R K X X M M M M N N A N M M N
For bank and other cost ecounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, this every financial hadisation where there is sincre than \$1,000 in interest-basiling accounts.			blank if there are no blank in the care are no blank in the care are no blank exceeded \$1,000.
For resid and other real property hald for investment, provide a complete address or description, e.g., "wester property," and a oby and state.			
For an cumuratity interest in a privately-hald business that is not publicly traded, when the name of the business, the nature of its activities, and its geographic location in Blook A.			
Exabete: Your personal resistance, including second homes and vacation homes (unless there was resist houses during the reporting petiod); and any financial interest in, or income derived from a fadoral retrement program, including the Thett Sevings Plan.		no income)	200,000*
If you have a privately-traded fund that is an Exempted investment Fund, please check the "EIF" box.	000,000*	<del></del>	ome over \$1,6
If you so choose, you may indicate that an execut or income source is that of your apouse (SP) or dependent chief (DC), or jointly had with anyone (JT), in the optional column on the far left.	00,000 00,000 200,000 200,000 1,000,000 -55,000,000	SANS DISLIND TRUS	506 5,000 5,000 10,000 1,000,000 1,000,000
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SP BUF Marga Cond 40 1 Shorket	X	X	X
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robert William Goodlatte

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ASSETS & "UNEARNED INCOME"    Robert William Good (atte   Pa
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Name: Robert William Cood (  BLOCK C Type of Income
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## SCHEDULE B - TRANSACTIONS

Name: Robert William Good latte P.	
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## SCHEDULE C - EARNED INCOME

Name:
Robert William Goodlatte
Page 7 of 8

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	he source and amount of any honorana; list only the source for other spouse earned income exceeding \$1,000. See examples below.	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  \$NCOME LIMITS and PROMETED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,225. In addition, certain types of Income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally profibilized.	social Security Act. ensaled at or above the "senior staff" rate re totally prohibited.	e was \$27,225. In addition, certain
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## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governmente, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

the filer.		:				
	Source	() (Desire)	City of Departure-Destination-City of Return	Lodging? (YM)	Food? (YM)	Family Standar Included? (YM)
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